

# EXHIBIT “11”



Medical Claims File Review Department  
4100 International Parkway, Suite 1010  
Carrollton, TX 75007

WORKERS' COMPENSATION  
PHYSICIAN ADVISOR REVIEW

May 2, 2004

CLAIM #: AL 000674-0  
INJURY DATE: 9/8/1995  
INTRACORP FS#: 10703

CLAIMANT: SASSER, JOHNNY

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I have reviewed the available medical records on Johnny Sasser and answered the questions submitted. I have not examined this patient, nor is there an existing patient-doctor relationship. The opinions expressed in this review were based on the weight of clinical evidence as documented in the provided medical records, under the assumption that the material is true and correct. In some instances, additional resources are referenced such as jurisdictional regulations, accepted research findings, *Intracorp's Optimal Treatment Guidelines* (OTG), professional journals and published medical articles.

**Discussion:**

The opinions formed as the result of the initial record review performed by this evaluator were recorded in the report of 03/17/03. Additional documentation has been submitted for review and consideration of the issues listed below.

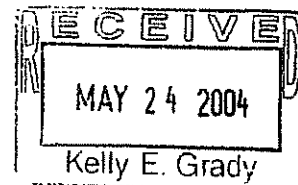
Medical treatment provided during 2004 included the bilateral trigger point injections into the vastus lateralis muscles performed on 01/20/04.

During the calendar year 2003, there is documentation of medical encounters on 04/09/03, 05/07/03, 06/24/03, 07/18/03, 10/28/03, and on 12/29/03. Trigger point injections were performed into the left peroneus longus muscle on 10/28/03 and 12/29/03.

**Issues and Responses:**

1. Based on clinical documentation, is the ongoing treatment reasonable and necessary and directly related to the injury of 09/08/95?

Based upon review of the available medical records, it is my professional medical opinion that NONE of the ongoing treatment is/was directly related to the injury of 09/08/95. As such, any and all treatment documented is/was NOT reasonable and necessary with respect to the 1995 work injury.



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**2. Identify what is and is not related to the work injury of 09/08/95.**

Based upon review of the available medical records, it is my professional medical opinion that the NONE of the treatment documented during 2003 and/or 2004 is causally related to the work injury of 09/08/95.

**3. What, if any, medications are supported as currently reasonable, necessary and related to the effects of the 09/08/95 injury?**

Based upon review of the available medical records, it is my professional medical opinion that there is NO medical necessity for the prescription of any medications as causally related to the work injury of 09/08/95.

*Note that Topamax was added to the medication regimen in mid-2003.*

If the claimant's condition changes, precertification is recommended for future or ongoing medical treatment. Professional opinions contained herein that address fees and/or treatment are intended to serve only as a guideline to assist with payment decisions, which remain based on the discretion and professional expertise of the claims handler. If you disagree with this determination, you do have recourse to an appeal by submitting a written request to the claims adjuster. Please submit any documentation that you feel supports the medical necessity of the service(s) in question. *Intracorp* attempts to respond to appeals within ten business days.

*I have reviewed the all of the records forwarded on the above named individual and have answered the questions submitted. This review was conducted on the basis of the medical records provided with the assumption that the material is true and correct. If more material becomes available at a later date, an additional report/service/consideration may be required. Such information may or may not alter the opinions rendered in this evaluation. No examination of the claimant has been performed. It is important to point out that this review is meant to be of assistance to you in your case evaluation process and in no way is intended to establish a patient/doctor relationship. Medicine is both an art and a science. Although the claimant may appear to be fit to participate in various types of activities, there is no guarantee that the individual will not be reinjured or suffer additional injury as a result of participating in certain types of activities. Furthermore, my opinion does not constitute a recommendation as to specific treatment or administrative functions*

Sincerely,



Terrence J. Wilson, M.D.  
Board Certified, American Board of Physical Medicine and Rehabilitation  
With Sub-specialty Certification in Pain Medicine  
Board Certified, American Board of Independent Medical Examiners  
Fellow, American Academy of Disability Evaluating Physicians  
Member, International Spinal Injection Society  
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